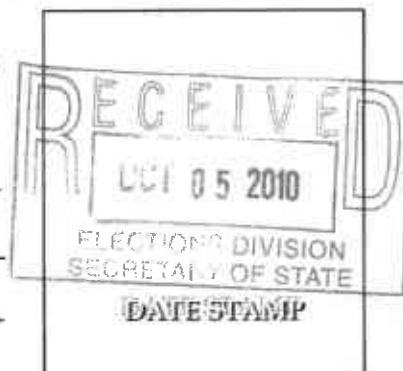


Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Judicial Election

Name of Committee Committee to Re-Elect Prentiss Harrell  
 Address 91 Bienville Trace, Hattiesburg, MS 39402  
 Telephone 601-268-7072 Fax \_\_\_\_\_  
 Treasurer George A. Turner Email gturnerjr@gmail.com



☒ Check here if above is different from previous report

**TYPE OF REPORT**

- \_\_\_\_ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory  
 \_\_\_\_ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory  
 \_\_\_\_ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory  
X October 10, 2010 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory  
 \_\_\_\_ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory  
 \_\_\_\_ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates  
 \_\_\_\_ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory  
 \_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ <u>7,250.00</u> + \$ <u>950.00</u>	\$ <u>8,200.00</u>	\$ <u>8,200.00</u>
Total amount of disbursements	\$ <u>7714.53</u> + \$ <u>144.00</u>	\$ <u>7858.53</u>	\$ <u>7858.53</u>
Total amount of cash on hand		\$ <u>341.47</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

George A. Turner  
Signature of Director or Treasurer

10/2/2010  
Date

Authority: Refer to Miss. Code Ann. §23-15-901 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39206 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Committee to re-elect Prentiss Harrell  
 Reporting period July 1, 2010 through September 30, 2010

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Joe H Montgomery	8 / 23 / 10	\$ 2,000.00
Mailing Address P O Box 113	__ / __ / __	\$
City, State, Zip Code Poplarville, MS 39470	__ / __ / __	\$
Name of Employer (Required) Williams Williams & Montgomery	__ / __ / __	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 2,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name George A Turner	8 / 23 / 10	\$ 1,000.00
Mailing Address 91 Bienville Trace	__ / __ / __	\$
City, State, Zip Code Hattiesburg, MS 39402	__ / __ / __	\$
Name of Employer (Required) Retired	__ / __ / __	\$
Occupation (Required) President	Aggregate year-to-date	\$ 1,000.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Claiborne McDonald	8 / 23 / 10	\$ 500.00
Mailing Address P O Box 459	__ / __ / __	\$
City, State, Zip Code Picayune, MS 39466	__ / __ / __	\$
Name of Employer (Required) McDonald & Patch	__ / __ / __	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 500.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Daniel Coker Horton & Bell	8 / 23 / 10	\$ 250.00
Mailing Address P O Box 1084	__ / __ / __	\$
City, State, Zip Code Jackson, MS 39215	__ / __ / __	\$
Name of Employer (Required) Same	__ / __ / __	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Committee to re-elect Prentiss Harrell  
 Reporting period July 1, 2010 through September 30, 2010

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Matthew G. Fry</u>	<u>9 / 2 / 10</u>	\$ 250.00
Mailing Address <u>175 W Canebrake Blvd</u>	<u>   /   /   </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39402</u>	<u>   /   /   </u>	\$
Name of Employer (Required) <u>Hattiesburg Clinic</u>	<u>   /   /   </u>	\$
Occupation (Required) <u>Urologist</u>	Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Greg Garraway</u>	<u>9 / 12 / 10</u>	\$ 1,000.00
Mailing Address <u>171 W Canebrake Blvd</u>	<u>   /   /   </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39402</u>	<u>   /   /   </u>	\$
Name of Employer (Required) <u>Regions Bank</u>	<u>   /   /   </u>	\$
Occupation (Required) <u>President</u>	Aggregate year-to-date	\$ 1,000.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>The Labrador Company, Inc</u>	<u>91 / 28 / 10</u>	\$ 250.00
Mailing Address <u>907 N Gadsen St</u>	<u>   /   /   </u>	\$
City, State, Zip Code <u>Tallahassee, FL 32303</u>	<u>   /   /   </u>	\$
Name of Employer (Required) <u>   /   /   </u>	<u>   /   /   </u>	\$
Occupation (Required) <u>Lobbyist</u>	Aggregate year-to-date	\$ 250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Thomas J Maida</u>	<u>90 / 28 / 10</u>	\$
Mailing Address <u>P O Box 1819</u>	<u>   /   /   </u>	\$
City, State, Zip Code <u>Tallahassee, FL 32303</u>	<u>   /   /   </u>	\$
Name of Employer (Required) <u>   /   /   </u>	<u>   /   /   </u>	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Committee to re-elect Prentiss Harrell  
 Reporting period July 1, 2010 through September 30, 2010

# ITEMIZED RECEIPTS

<b>A. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Cleo T Garraway		9 / 28 / 10	\$ 500.00
Mailing Address P O Box 425		___ / ___ / ___	\$
City, State, Zip Code Bassfield, MS 39421		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00
<b>B. Source:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Haley's Pac 05-04		9 / 28 / 10	\$ 250.00
Mailing Address P O Box 1186		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39215		___ / ___ / ___	\$
Name of Employer (Required) State of Mississippi		___ / ___ / ___	\$
Occupation (Required) Governor		Aggregate year-to-date	\$ 250.00
<b>C. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name G. Anthony Gelderman III		9 / 28 / 10	\$ 750.00
Mailing Address 2727 Prytania St		___ / ___ / ___	\$
City, State, Zip Code New Orleans, LA 70130		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 750.00
<b>D. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to re-elect Prentiss HarrellReporting period July 1, 2010 through September 30, 2010

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Cliff Brown Advertising	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 1107 Oakleigh Road	8 / 27 / 10	\$ 375.00
<b>City, State, Zip Code</b> Hattiesburg, MS 39402	8 / 27 / 10	\$ 1,320.00
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 1695.00
<b>B. Full name</b> JMH Graphics	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 223 S 40th Ave	8 / 25 / 10	\$ 2,000.90
<b>City, State, Zip Code</b> Hattiesburg, MS 39402	__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 2,000.09
<b>C. Full name</b> Francis Farmer, Photographer	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> P O Box 17403	9 / 16 / 10	\$ 749.00
<b>City, State, Zip Code</b> Hattiesburg, MS 39404	__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 749.00
<b>D. Full name</b> Bourne Brothers Printing	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 5276 Old Hwy 42	9 / 16 / 10	\$ 544.63
<b>City, State, Zip Code</b> Hattiesburg, MS 39402	9 / 21 / 10	\$ 2,725.00
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 3,269.63
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	__ / __ / __	\$
<b>City, State, Zip Code</b>	__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	__ / __ / __	\$
<b>City, State, Zip Code</b>	__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$